

285020

STATE OF SOUTH CAROLINA

(Caption of Case)

Example: Application for a Class C Charter Certificate from
John Doe dba Doe's Limo

BEFORE THE
PUBLIC SERVICE COMMISSION
OF SOUTH CAROLINA

TRANSPORTATION COVER SHEET

DOCKET

NUMBER: 2019 - 202 - T

If this is your first time filing an application with the PSC, you will not have a Docket Number. The Commission will assign one to you. If you have filed with the Commission before, a Docket Number was assigned and should be entered above.

(Please type or print)

Submitted by: Jamarb Yates

Telephone: 864-478-7602

Address: 14 East Butler Rd Suite A
Mauldin SC 29662

Fax: 864-729-2012

Other: JYates@ccetransportation.org

Email: JYates@ccetransportation.org

NOTE: The cover sheet and information contained herein neither replaces nor supplements the filing and service of pleadings or other papers as required by law. This form is required for use by the Public Service Commission of South Carolina for the purpose of docketing and must be filled out completely.

NATURE OF ACTION (Check all that apply)

- | | |
|---|--|
| <input type="checkbox"/> Application - Class A/A Restricted | <input type="checkbox"/> Request for Name Change on Certificate |
| <input type="checkbox"/> Application - Class C Taxi | <input type="checkbox"/> Request to Amend Scope of Authority |
| <input type="checkbox"/> Application - Class C Charter | <input type="checkbox"/> Request to Amend Tariff (rate increase, etc.) |
| <input type="checkbox"/> Application - Class C Charter Bus | <input type="checkbox"/> Request to Amend Passenger Limit |
| <input type="checkbox"/> Application - Class C Non-Emergency | <input type="checkbox"/> Request |
| <input checked="" type="checkbox"/> Application - Class C Stretcher Van | <input type="checkbox"/> Exhibit |
| <input type="checkbox"/> Application - Class E Household Goods | <input type="checkbox"/> Late-Filed Exhibit |
| <input type="checkbox"/> Application - Class E Hazardous Waste | <input type="checkbox"/> Letter |
| <input type="checkbox"/> Application | <input type="checkbox"/> Proposed Order |
| <input type="checkbox"/> Request for Extension to Comply with Order | <input type="checkbox"/> Publisher's Affidavit |
| <input type="checkbox"/> Request for Order Granting Authority to Obtain a Certificate of Public Convenience and Necessity to be Rescinded | <input type="checkbox"/> Reservation Letter |
| <input type="checkbox"/> Request for Cancellation of Certificate | <input type="checkbox"/> Response |
| <input type="checkbox"/> Request for Suspension | <input type="checkbox"/> Return to Petition |
| <input type="checkbox"/> Request for Reinstatement | <input type="checkbox"/> Other: _____ |

RECEIVED
JUN 05 2019
PSC SC
CLERK'S OFFICE

J

If you have any questions about this form, please contact the PUBLIC SERVICE COMMISSION at 803-896-5100.

PUBLIC SERVICE COMMISSION OF SOUTH CAROLINA
101 Executive Center Drive, Suite 100
Columbia, South Carolina 29210

Phone: (803) 896-5100 Fax: (803) 896-5199

APPLICATION FOR CERTIFICATE OF PUBLIC CONVENIENCE AND NECESSITY FOR
OPERATION OF MOTOR VEHICLE CARRIER

CLASS C - STRETCHER VAN

Date: 5-19-19

Application is hereby made for a Certificate of Public Convenience and Necessity, in accordance with the provision of S.C. Code Ann., § 58-23-10, et seq. (1976), and amendments thereto.

1. East Coast Electronics LLC DBA ECE Transportation
Name under which business is to be conducted (corporation, partnership, or sole proprietorship, with or without trade name.)

14 East Butler Rd Mauldin SC 29662
Street Address of Applicant

Mailing Address of Applicant (if different from street address)

864-729-2011
Phone

864-729-2012
Fax

JYates@ecetransportation.org
Email Address

2. If the Applicant is an LLC or a corporation, a copy of the Certificate of Existence from the South Carolina Secretary of State and the Articles of Incorporation must be attached. (If incorporated outside of SC, attach South Carolina Secretary of State "Foreign Corporation" Certificate.)

3. Select Entity Type: (Check one)

- ☐ Individual Owner/Sole Proprietorship
☐ Partnership - List names and address of all person having an interest in the business.
☒ Corporation - List names and addresses of two principal officers.

Jamarlo Yates 112 Davenport Rd Apt 227 Simpsonville SC 29680

Applicant is financially able to furnish the services as specified in this application and submits the following statement of assets and liabilities.

Financial Statement

Applicant's assets and liabilities are as follows:

<u>Assets:</u>		<u>Liabilities:</u>	
Value of Real Estate	<input type="text" value="0"/>	Mortgage/Loan on Real Estate	<input type="text" value="0"/>
Value of Motor Vehicles	<input type="text" value="47,000"/>	Loans Owed on Motor Vehicles	<input type="text" value="0"/>
Cash on Hand	<input type="text" value="25,000"/>	Business/Other Loans Owed	<input type="text" value="30,000"/>
Cash in Bank	<input type="text" value="20,000"/>	Other Liabilities or Debts	<input type="text" value="0"/>
Value of Other Assets and Equipment	<input type="text" value="40,000"/>	Total Liabilities	<input type="text" value="30,000"/>
Total Assets	<input type="text" value="132,000"/>		

INSTRUCTIONS:

1. "Value of Real Estate" means the actual or estimated market value of any real property/buildings owned by the Company/Business Applying for a Certificate.
2. "Mortgage/Loan on Real Estate" means the outstanding balance on any Mortgage, Equity Line or other Loan secured by the Real Estate listed in Item 1.
3. "Value of Motor Vehicles" means the actual or fair estimated value of any moving vans, trucks or other vehicles owned by the Company/Business Applying for a Certificate.
4. "Loans Owed on Motor Vehicles" means the outstanding balance on any loans or liens on the vehicles listed in Item 3.
5. "Cash on Hand" is the total of actual cash held by the Company/Business applying for a Certificate on the day this form is filled out.
6. "Business/Other Loans Owed" means the outstanding balance on any small business loan or other unsecured loan made by a person, bank or business to the Business/Company applying for a Certificate.
7. "Cash in Bank" means the current balance in checking accounts, savings accounts or the like in the name of the Company/Business applying for a Certificate. Do not include retirement accounts or personal bank account balances.
8. "Value of Other Assets and Equipment" should include the actual or estimated value of items such as office equipment (computers/furnishings), moving equipment (hand trucks/blankets/strapping), and trailers.
9. "Other Liabilities or Debts" means specific amounts/balances which the Company/Business applying for a Certificate knows that it owes to other persons or companies; for example Franchise Fees. This does NOT include regular bills such as electricity bills, security system costs, insurance, salaries, etc.

PROPOSED RATES AND CHARGES FOR SERVICEProposed Rates and Charges:

\$125 load and \$ 3.00 a mile

Requested Scope of Authority: Check all counties in which you are requesting permission to operate.
You will only be allowed to operate in those counties checked below. You may request "Statewide" authority if you intend to operate in all counties in South Carolina.

- | | | | | |
|--|--|--|--|--|
| <input checked="" type="checkbox"/> Abbeville | <input checked="" type="checkbox"/> Cherokee | <input checked="" type="checkbox"/> Florence | <input checked="" type="checkbox"/> Lee | <input checked="" type="checkbox"/> Saluda |
| <input checked="" type="checkbox"/> Aiken | <input checked="" type="checkbox"/> Chester | <input checked="" type="checkbox"/> Georgetown | <input checked="" type="checkbox"/> Lexington | <input checked="" type="checkbox"/> Spartanburg |
| <input checked="" type="checkbox"/> Allendale | <input checked="" type="checkbox"/> Chesterfield | <input checked="" type="checkbox"/> Greenville | <input checked="" type="checkbox"/> Marion | <input checked="" type="checkbox"/> Sumter |
| <input checked="" type="checkbox"/> Anderson | <input checked="" type="checkbox"/> Clarendon | <input checked="" type="checkbox"/> Greenwood | <input checked="" type="checkbox"/> Marlboro | <input checked="" type="checkbox"/> Union |
| <input checked="" type="checkbox"/> Bamberg | <input checked="" type="checkbox"/> Colleton | <input checked="" type="checkbox"/> Hampton | <input checked="" type="checkbox"/> McCormick | <input checked="" type="checkbox"/> Williamsburg |
| <input checked="" type="checkbox"/> Barnwell | <input checked="" type="checkbox"/> Darlington | <input checked="" type="checkbox"/> Horry | <input checked="" type="checkbox"/> Newberry | <input checked="" type="checkbox"/> York |
| <input checked="" type="checkbox"/> Beaufort | <input checked="" type="checkbox"/> Dillon | <input checked="" type="checkbox"/> Jasper | <input checked="" type="checkbox"/> Oconee | |
| <input checked="" type="checkbox"/> Berkeley | <input checked="" type="checkbox"/> Dorchester | <input checked="" type="checkbox"/> Kershaw | <input checked="" type="checkbox"/> Orangeburg | <input checked="" type="checkbox"/> Statewide |
| <input checked="" type="checkbox"/> Calhoun | <input checked="" type="checkbox"/> Edgefield | <input checked="" type="checkbox"/> Lancaster | <input checked="" type="checkbox"/> Pickens | |
| <input checked="" type="checkbox"/> Charleston | <input checked="" type="checkbox"/> Fairfield | <input checked="" type="checkbox"/> Laurens | <input checked="" type="checkbox"/> Richland | |

DESCRIPTION OF EQUIPMENT

You are **not** required to own a vehicle to file an application. However, prior to being issued a certificate by ORS, you will be required to have obtained a vehicle.

MAKE	YEAR & MODEL	VIN#	EMPTY WEIGHT	WHEEL- CHAIR LIFT

INSURANCE QUOTE

This form **MUST BE COMPLETED**.

The insurance quote must be complete, listing current insurance premiums. At the discretion of the Commission, a copy of current insurance policies may be required. Do not provide a copy of insurance policies unless requested. You will not be required to purchase insurance until your application has been approved and an order has been issued by the PSC. THIS IS ONLY A QUOTE.

The following insurance quote is for:

East Coast Electronics, LLC. dba ECE Transportation

Name of Applicant

14 East Butler Road Suite A
Mauldin, SC 29662

Address of Applicant

Amount of Premium:

Liability Insurance \$ 80,102.00

The above quoted premium is for a term of 12 months.

Minimum Limits - Bodily injury and property damage limits will not be less than the following:

Limits Quoted

Liability Combined Each Occurance	\$ 1,000,000	
Medical Payments per Person	\$ 1,000	

United Specialty Insurance Company

Name of Insurance Company

1900 L Don Dodson Drive
Bedford, TX 76021

Home Office Address of Company

I, the Applicant, am familiar with the Commission's Rules and Regulations relating to insurance requirements and the above quote meets the minimum insurance limits prescribed. The insurance company making this quote is authorized by the South Carolina Department of Insurance to do business in South Carolina.

NOTICE:

If you wish to self-insure your motor vehicles for liability and property damage, you must comply with S.C. Code Ann. Sections 56-9-60 and 58-23-910. For more information, contact the Department of Motor Vehicles at (803) 896-8457 or (803) 896-9903.

If you wish to apply as a self-insured for worker's compensation coverage in South Carolina you may do so with the South Carolina Worker's Compensation Commission (WCC) provided that you will be able to: 1) post a surety bond or letter-of-credit with the WCC for a minimum of \$500,000, 2) agree to pay a yearly self-insurance tax, and 3) agree to pay an annual assessment to the South Carolina Second Injury Fund. For more information, contact the WCC Self-Insurance Division at (803) 737-5712 or on the web at www.wcc.state.sc.us/self-insurance.




CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
06/04/2019

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

PRODUCER  American Business Insurance Services, Inc. 32107 W. Lindero Cyn Rd, Ste 120 Westlake Village, CA 91361	CONTACT NAME: Dylan Roberts PHONE: 800-980-1950 27 FAX: 800-980-1960 EMAIL ADDRESS: dylan@abiweb.com														
INSURED East Coast Electronics, LLC. dba ECE Transportation 14 East Butler Road Suite A Mauldin, SC 29662	<table><tr><th>INSURER(S) AFFORDING COVERAGE</th><th>NAIC #</th></tr><tr><td>INSURER A: United Specialty Insurance Company</td><td>12537</td></tr><tr><td>INSURER B: Atain Specialty Insurance Co</td><td>17159</td></tr><tr><td>INSURER C:</td><td></td></tr><tr><td>INSURER D:</td><td></td></tr><tr><td>INSURER E:</td><td></td></tr><tr><td>INSURER F:</td><td></td></tr></table>	INSURER(S) AFFORDING COVERAGE	NAIC #	INSURER A: United Specialty Insurance Company	12537	INSURER B: Atain Specialty Insurance Co	17159	INSURER C:		INSURER D:		INSURER E:		INSURER F:	
INSURER(S) AFFORDING COVERAGE	NAIC #														
INSURER A: United Specialty Insurance Company	12537														
INSURER B: Atain Specialty Insurance Co	17159														
INSURER C:															
INSURER D:															
INSURER E:															
INSURER F:															

COVERAGES

CERTIFICATE NUMBER:

REVISION NUMBER:

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF	POLICY EXP	LIMITS
B	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC <input type="checkbox"/> OTHER:	X		CIP374358	05/07/19	05/07/20	EACH OCCURRENCE 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) 100,000 MED EXP (Any one person) 5,000 PERSONAL & ADV INJURY 1,000,000 GENERAL AGGREGATE 2,000,000 PRODUCTS - COMP/OP AGG 1,000,000
A	AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input checked="" type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS <input type="checkbox"/> NON-OWNED AUTOS	X		UTO-SC-0000080	05/07/19	05/07/20	COMBINED SINGLE LIMIT Ea occurrence 1,000,000 BODILY INJURY (Per Person) BODILY INJURY (Per Accident) PROPERTY DAMAGE (Per accident)
	<input type="checkbox"/> UMBRELLA LIAB <input type="checkbox"/> OCCUR <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> DED <input type="checkbox"/> RETENTION \$						EACH OCCURRENCE AGGREGATE
	WORKERS COMPENSATION AND EMPLOYER LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE/OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	Y/N	N/A				PER STATUTE OTH-ER E.L. EACH ACCIDENT E.L. DISEASE - EA EMPLOYEE E.L. DISEASE - POLICY LIMIT
A	Uninsured Motorist			UTO-SC-0000080	05/07/19	05/07/20	25,000 per person / 50,000 per accident
A	Underinsured Motorist			UTO-SC-0000080	05/07/19	05/07/20	25,000 per person / 50,000 per accident

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)

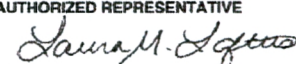
Southeastrans, Inc. (4751 Best Road, Suite 300, Atlanta, GA 30337) and its officers, agents, and employees of DCH and the State of Georgia are included as additional insureds under the General Liability and Auto Liability policies via endorsement. Thirty (30) day notice of cancellation / non-renewal notice endorsement applies to the auto and general liability policies. All policies are primary and non-contributory.

Certificate holder is listed as additional insured.

*10 Day notice of cancellation in the event of non-payment of premium.

CERTIFICATE HOLDER

CANCELLATION

Southeastrans, Inc 4751 Best Road Atlanta, GA 30337	SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS. AUTHORIZED REPRESENTATIVE 
--	---

ACORD 25 (2014/01)

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The ACORD name and logo are registered marks of ACORD



AGENCY CUSTOMER ID: yatesj

LOC #:

ADDITIONAL REMARKS SCHEDULE

AGENCY American Business Insurance Services, Inc.		NAMED INSURED East Coast Electronics, LLC. dba ECE Transportation 14 East Butler Road Suite A Mauldin, SC 29662	
POLICY NUMBER UTO-SC-0000080, CIP374358		EFFECTIVE DATE	
CARRIER	NAIC CODE		

ADDITIONAL REMARKS

THIS ADDITIONAL REMARKS FORM IS A SCHEDULE TO ACORD FORM,

FORM NUMBER: 25 FORM CERTIFICATE OF LIABILITY INSURANCE

1. 2005 Chrysler Town and Country 2C4GP54L45R118979
2. 2010 Toyota Corolla JTDBU4EE3AJ077885
3. 2008 Dodge Caliber 1B3HB48B58D506021
4. 2005 Dodge Caravan/Grand Caravan 2D4GP44L95R270155
5. 2005 Dodge Caravan/Grand Caravan 2D4GP44LX5R544883
6. 2009 Chrysler Town & Country 2A8HR44E29R583964
7. 2008 Dodge Caravan/Grand Caravan 1D8HN44H58B193176
8. 2007 Dodge Caravan/Grand Caravan 1D4GP25R77B101664
9. 1999 Dodge Caravan/Grand Caravan 1B4GP45G6XB851285
10. 2010 Buick Lucerne 1G4HC5EM6AU122080
11. 2006 Chrysler Town and Country 1A4GP45R96B620720

From: Dylan Roberts dylan@abiweb.com
 Subject: RE: strecher yatesj
 Date: Jun 5, 2019 at 2:52:18 PM
 To: Laura Loftus laura@abiweb.com, Jamarlo Yates
jyates@ecetransportation.org

Hi,

The down-payment would be \$1,606.04 and monthly installments would increase an additional \$709.09 per month.

****Please note, I will be out of the office starting 12:00 P.M. P.S.T and Friday, 06/07/2019.**

Thank you,

Dylan Roberts
 American Business Insurance Services, Inc.
 Phone: (800) 980-1950 Ext. 27
 License Number: 0L57178



Did you know you we now have a faster way to make changes to your policy through our online Portal? If you use our online Portal system to submit a change, in most cases the change goes directly to the insurance company for faster processing. You can also view vehicle and driver lists, and print out certificates & ID cards. You can sign up for an account here: <https://portal.abiweb.com/sign-up/> or if you already have a log-in, you can sign-in here: <https://portal.abiweb.com/>

From: Laura Loftus <laura@abiweb.com>
Sent: Wednesday, June 5, 2019 11:47 AM
To: Dylan Roberts <dylan@abiweb.com>; Jamarlo Yates
 <jyates@ecetransportation.org>
Subject: RE: strecher yatesj

Hi Dylan,

So the total to add the car is \$7,704.18?

If so, what is the AP down payment/revised install amount?

Thanks,

Laura Loftus
American Business Insurance Services, Inc.
(800) 980-1950 (ext. 23)
(800) 980-1960 fax
License # 0G27945



Happy with our service? Visit us on [Facebook](#) and leave us a review!

*****Please visit <https://portal.abiweb.com> to view & print policy documents, process vehicle and driver changes, view balance and payment history, etc. *****

From: Dylan Roberts <dylan@abiweb.com>
Sent: Wednesday, June 5, 2019 11:27 AM
To: Jamarlo Yates <jyates@ecetransportation.org>
Cc: Laura Loftus <laura@abiweb.com>
Subject: FW: strecher yatesj

Good afternoon,

To add this type of vehicle to your policy, please see pro-rated premium breakdown below;

The standard pro-rated AP	\$6,864.18
The surcharge	\$790
The risk management fee	\$50

If you'd like to proceed, please let me know.

****Please note, I will be out of the office starting 12:00 P.M. P.S.T and Friday, 06/07/2019.**

Thank you,

Dylan Roberts
 American Business Insurance Services, Inc.
 Phone: (800) 980-1950 Ext. 27
 License Number: 0L57178



Did you know you we now have a faster way to make changes to your policy through our online Portal? If you use our online Portal system to submit a change, in most cases the change goes directly to the insurance company for faster processing. You can also view vehicle and driver lists, and print out certificates & ID cards. You can sign up for an account here: <https://portal.abiweb.com/sign-up/> or if you already have a log-in, you can sign-in here: <https://portal.abiweb.com/>

From: Jamarlo Yates <jamarloyates32@gmail.com>
Sent: Tuesday, May 28, 2019 11:03 AM
To: Laura Loftus <laura@abiweb.com>
Subject: strecher

Year Make/Brand	Model	VIN/Serial	Miles
2010 Chevrolet	Express	1GB9G5B6XA1115447	173,371

Condition	Category	Inventory ID
Used/See Description	Ambulance/Rescue	V2136



Customer Vehicle List

Customer Name: East Coast Electronics, LLC.

Printed: 06/05/19

Policy Number: UTO-SC-0000080

Effective: 05/07/19 - 05/07/20

	Veh. #	Year	Make	Model	VIN	Seat	On	Off
1.		2009	Chrysler	Town & Country	2A8HR44E29R583964	1-8	05/07/19	
2.		2006	Chrysler	Town And Country	1A4GP45R96B620720	1-8	05/07/19	
3.		2008	Dodge	Caliber	1B3HB48B58D506021	1-8	05/07/19	
4.		2008	Dodge	Caravan/grand Caravan	D8HN44H58B193176	1-8	05/07/19	
5.		2005	Dodge	Caravan/grand Caravan	D4GP44LX5R544883	1-8	05/07/19	
6.		2005	Chrysler	Town And Country	2C4GP54L45R118979	1-8	05/07/19	
7.		2010	Toyota	Corolla	JTDBU4EE3AJ077885	1-8	05/07/19	
8.		2007	Dodge	Caravan/grand Caravan	D4GP25R77B101664	1-8	05/07/19	
9.		2005	Dodge	Caravan/grand Caravan	D4GP44L95R270155	1-8	05/07/19	
10.		1999	Dodge	Caravan/grand Caravan	B4GP45G6XB851285	1-8	05/07/19	
11.		2010	Buick	Lucerne	1G4HC5EM6AU122080	1-8	05/07/19	
12.		2018	Mitsubishi	Outlander Sport	JA4AP3AU7JZ026816	1-8	05/07/19	05/07/19

Exhibit Fit, Willing, and Able (FWA)

East Coast Electronics LLC DBA ECE Transportation
 Name

1. Does Applicant have a Safety Rating from the U.S.D.O.T.?

☐ Yes ☒ No ☐ Pending (Submit when received.)

If Yes, indicate rating below and provide copy.

☐ Satisfactory ☐ Conditional ☐ Unsatisfactory

2. Have any of Applicant's drivers or vehicles been placed "out of service" by Transport Police safety officers in the past twelve (12) months?

☐ Yes ☒ No

3. Are there currently any outstanding judgments against the Applicant?

☐ Yes ☒ No

If Yes, list judgements here:

4. Is Applicant familiar with all statutes and regulations, including safety regulations and governing for-hire motor carrier operations in South South Carolina, and does Applicant agree to operate in compliance with these statutes and regulations?

☒ Yes ☐ No

5. Is Applicant aware of the Commission's insurance requirements and the insurance premium costs associated therewith?

☒ Yes ☐ No

Exhibit on Driver and Assistant Driver Qualifications

1. Applicant has read and understands Commission Regulation 103-133(8).
☒ Yes ☐ No

2. Applicant has on file a certified copy of the driver's and assistant driver's three (3) year driving records issued by the SC DMV and such records from the DMV of the state in which the driver or the assistant driver is or has been domiciled for such period.
☒ Yes ☐ No

3. Applicant has obtained and retained the criminal history background checks from the state where the driver and assistant driver live.
☒ Yes ☐ No

4. Applicant understands that all drivers and assistant drivers must have in their possession at the time of such operation valid drivers' licenses issued by the SC DMV or the current state of residence of the driver or assistant driver.
☒ Yes ☐ No

5. Applicant understands that all stretcher van certificate holders are prohibited from employing drivers and assistant drivers who are registered, or required to be registered, as sex offenders with the South Carolina State Law Enforcement Division or any national registry of sex offenders.
☒ Yes ☐ No

6. Applicant understands that all stretcher van drivers and assistant drivers must possess a current Red Cross First Aid certification or an American Safety and Health Institute certification, or certification from a program that meets or exceeds the certification standards of the Red Cross First Aid or the American Safety and Health Institute, and Adult Cardiopulmonary Resuscitation (CPR) certification.
☒ Yes ☐ No

7. Applicant understands that the driver's and assistant driver's Red Cross First Aid certification must be renewed every three (3) years and the Adult CPR certification must be renewed annually.
☒ Yes ☐ No

8. Applicant understands that an individual must not be transported in a stretcher van if the individual has a written statement from a licensed physician prohibiting transportation in a stretcher van.
☒ Yes ☐ No

PUBLIC SERVICE COMMISSION OF SOUTH CAROLINA
101 EXECUTIVE CENTER DRIVE, SUITE 100
COLUMBIA, SOUTH CAROLINA 29210

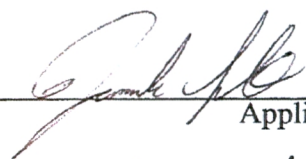
Applicant is familiar with the provision of S.C. Code Ann. §58-23-10, et seq.(1976), and amendments thereto, and R.103-100 through R.103-241 of the Commission's Rules and Regulations for Motor Carriers (S.C. Code Ann. Regs., 1976), and R.38-400 through R.38-503 of the Department of Public Safety's Rules and Regulations for Motor Carriers (Volume 2, S.C. Code Ann., 1976) and amendments thereto, and hereby promises compliance therewith.

S.C. Code Ann. Section 58-3-250 states, in part, that every final order of the Commission must be served by electronic service, registered or certified mail, upon the parties to the proceeding or their attorneys.

Please check the applicable box:

- ☒ The Applicant AGREES to receive future Commission orders related to the Applicant's authority in South Carolina through the Commission's eService System. The Applicant authorizes the Commission to serve its orders by using the e-mail address as it appears on page one of this Application. To sign up for eService notifications, please visit www.psc.sc.gov to create a My DMS account.
- ☐ The Applicant DOES NOT AGREE to receive future Commission orders related to the Applicant's authority in South Carolina through the Commission's eService System.

The Applicant for the Certificate of Public Convenience and Necessity as set forth in the foregoing, swear or affirm that all statements contained in the above application are true and correct.


Applicant's Signature

President
Title of Applicant (e.g. President, Owner, etc.)



STATE OF SOUTH CAROLINA)
COUNTY OF Greenville)

SWORN TO BEFORE ME
This 19 day of May, 2019


Notary Public

Commission Expires 05/20/2019

Print Application

The State of South Carolina



Office of Secretary of State Mark Hammond

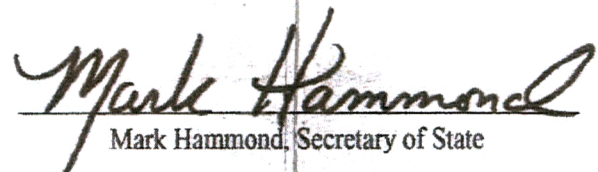
Certificate of Existence

I, Mark Hammond, Secretary of State of South Carolina Hereby Certify that:

EAST COAST ELECTRONICS LLC,

a limited liability company duly organized under the laws of the State of South Carolina on June 1st, 2006, with a duration that is at will, has as of this date filed all reports due this office, paid all fees, taxes and penalties owed to the State, that the Secretary of State has not mailed notice to the company that it is subject to being dissolved by administrative action pursuant to S.C. Code Ann. §33-44-809, and that the company has not filed articles of termination as of the date hereof.

Given under my Hand and the Great Seal
of the State of South Carolina this 15th day
of June, 2017.


Mark Hammond, Secretary of State

CERTIFIED TO BE A TRUE AND CORRECT COPY
AS TAKEN FROM AND COMPARED WITH THE
ORIGINAL ON FILE IN THIS OFFICE

Jun 15 2017

REFERENCE ID: 1706141710284

Mark Hammond
NOTARY OF STATE OF SOUTH CAROLINA

EAST COAST ELECTRONICS LLC

Name of Limited Liability Company

5.

☒ The Company is changing the address of its designated office.

The address to which the designated office in South Carolina is to be changed is

524 S MAIN ST

Street Address

SIMPSONVILLE

29681-3220

City

Zip Code

6.

☐ The Company is changing its agent for service of process.

The name of the new agent for service of process is

Name

Signature of new agent

7.

Unless a delayed date is specified, this application will be effective when endorsed for filing by the Secretary of State.

Specify any delayed effective date and time: 9/13/2016

Date: 9/13/2016

See attached signature page.

Signature

JAMARLO YATES

Name

MANAGER

Capacity

Jun 15 2017

REFERENCE ID: 1706141710284

Mark Hammond
Secretary of State of South Carolina

STATE OF SOUTH CAROLINA
SECRETARY OF STATE

ARTICLES OF ORGANIZATION
LIMITED LIABILITY COMPANY

TYPE OR PRINT CLEARLY IN BLACK INK

The undersigned delivers the following articles of organization to form a South Carolina limited liability company pursuant to Sections 33-44-202 and 33-44-203 of the 1976 South Carolina Code of Laws, as amended

1 The name of the limited liability company which complies with Section 33-44-105 of the South Carolina Code of 1976, as amended is East Coast Electronics LLC

2 The address of the initial designated office of the Limited Liability Company in South Carolina is

110 Musgrave Street
Street Address
Clinton S.C. 29325
City State Zip Code

3 The initial agent for service of process of the Limited Liability Company is

Tamark Yates Tamark Yates
Name Signature

and the street address in South Carolina for this initial agent for service of process is

110 Musgrave Street
Street Address
Clinton S.C. 29325
City State Zip Code

4 The name and address of each organizer is

(a) Tamark Yates
Name
110 Musgrave Street Clinton
Street Address City
S.C. 29325
State Zip Code

(b) Anthony Brown
Name
110 Musgrave Street Clinton
Street Address City
S.C. 29325
State Zip Code

(Add additional lines if necessary)

5 ☐ Check this box only if the company is to be a term company. If so, provide the term specified

060601-0328 FILED 06/01/2006
EAST COAST ELECTRONICS LLC
Filing Fee: \$110.00 ORIG



Mark Hammond

South Carolina Secretary of State

Jun 15 2017

REFERENCE ID: 1706141710284

Paul Hammond
Secretary of State of South Carolina

East Coast Electronics LLC
Name of Limited Liability Company

6 ☐ Check this box only if management of the limited liability company is vested in a manager or managers. If this company is to be managed by managers, specify the name and address of each initial manager.

(a)

Name	
Street Address	City
State	Zip Code

(b)

Name	
Street Address	City
State	Zip Code

(c)

Name	
Street Address	City
State	Zip Code

(d)

Name	
Street Address	City
State	Zip Code

(Add additional lines if necessary)

7 ☐ Check this box only if one or more of the members of the company are to be liable for its debts and obligations under section 33-44-303(c). If one or more members are so liable, specify which members, and for which debts, obligations or liabilities such members are liable in their capacity as members.
